

CITY OF STOCKTON
POLICE DEPARTMENT/NEIGHBORHOOD SERVICES SECTION
INFORMATION / COPIES / RESEARCH REQUEST **FAX 209-937-7264**

Notice: Requests for information may be subject to approval by the City Attorney

\$1.00 for first BW page and \$0.25 for each page thereafter. Each color page \$.65

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____
REQUEST RECEIVED BY: _____

I agree to pay for research and all copies made at my request.

_____ (signature)

AFFECTED ADDRESS (if any): _____

INFORMATION REQUESTED: _____

REASON FOR REQUEST: _____

EMAIL : FAX: MAIL to above

To be completed by City Attorney:

APPROVED: _____

DENIED: _____ City Attorney

DATE: _____

COMMENTS: _____

DEPARTMENT: _____ PD/NSS RETURN TO: _____

RESPONSE TO REQUEST: _____

	<u>Quantity</u>	<u>Charges</u>
DOCUMENTS:	_____	_____
CERTIFICATIONS:	_____	_____
AUDIO \$5.00 each	_____	_____
RESEARCH TIME:	_____	_____
TOTAL AMOUNT:	_____	_____

EMAIL: City of Stockton Employee - FIRST NAME.LASTNAME@stocktongov.com

Scan by NSS